

# PATENT COOPERATION TREATY

From the  
INTERNATIONAL PRELIMINARY EXAMINING AUTHORITY

# PCT

To:

WUYTS, Koenraad, Maria  
Koninklijke KPN N.V.  
P.O. Box 95321  
NL-2509 CH The Hague  
PAYS-BAS

## NOTIFICATION OF RECEIPT OF DEMAND BY COMPETENT INTERNATIONAL PRELIMINARY EXAMINING AUTHORITY

(PCT Rules 59.3(e) and 61.1(b), first sentence  
and Administrative Instructions, Section 601(a))

Date of mailing (day/month/year) 15-10-2004

Applicant's or agent's file reference  
402885W0

### IMPORTANT NOTIFICATION

International application No.  
PCT/EP2004/002002

International filing date (day/month/year)  
26/02/2004

Priority date (day/month/year)  
31/03/2003

Applicant

KONINKLIJKE KPN N.V.

1. The applicant is hereby notified that this International Preliminary Examining Authority considers the following date as the date of receipt of the demand for international preliminary examination of the international application:

06/10/2004

2. This date of receipt is:

- ☒ the actual date of receipt of the demand by this Authority (Rule 61.1(b)).
- ☐ the actual date of receipt of the demand on behalf of this Authority (Rule 59.3(e)).
- ☐ the date on which this Authority has, in response to the invitation to correct defects in the demand (Form PCT/IPEA/404), received the required corrections.

3. ☐ **ATTENTION:** That date of receipt is **after** the expiration of 19 months from the priority date. Consequently, in respect of some Offices, the demand does not have the effect of postponing the entry into the national phase until 30 months from the priority date (or later in some Offices) (Article 39(1)) and the acts for entry into the national phase must therefore be performed within 20 months from the priority date (or later in some Offices). However, in respect of some other Offices, the time limit of 30 months (or later) may nevertheless apply. See the Annex to Form PCT/IB/301 and, for details about the applicable time limits, Office by Office, see the *PCT Applicant's Guide*, Volume II, National Chapters and the WIPO Internet site.

- ☐ (If applicable) This notification confirms the information given by telephone, facsimile transmission or in person on:

4. Only where paragraph 3 applies, a copy of this notification has been sent to the International Bureau.

Name and mailing address of the IPEA/

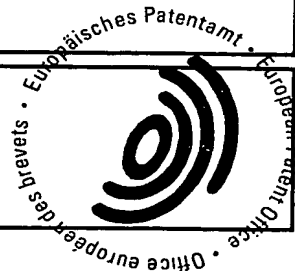


European Patent Office, P.B. 5818 Patentlaan 2  
NL-2280 HV Rijswijk - Netherlands  
Tel.: (+31-70) 340-2040  
Fax: (+31-70) 340-3016

Authorized officer

MORICE B

Tel. (+31-70) 340-3963



The demand must be filed directly with the competent International Preliminary Examining Authority or, if two or more Authorities are competent, with the one chosen by the applicant. The full name or two-letter code of that Authority may be indicated by the applicant on the line below:  
IPEA/ \_\_\_\_\_

# PCT

## CHAPTER II

### DEMAND

under Article 31 of the Patent Cooperation Treaty:  
The undersigned requests that the international application specified below be the subject of international preliminary examination according to the Patent Cooperation Treaty.

|  |   |
|--|---|
| For International Preliminary Examining Authority use only   |   |
| Identification of IPEA   | Date of receipt of DEMAND   |
| <b>Box No. I IDENTIFICATION OF THE INTERNATIONAL APPLICATION</b>   |   |
| Applicant's or agent's file reference<br><b>402885WO</b>   |   |
| International application No.<br><b>PCT/EP2004/002002</b>  | International filing date (day/month/year)<br><b>26 February 2004</b> |
| (Earliest) Priority date (day/month/year)<br><b>31 March 2003</b>  |   |
| Title of invention<br><b>Method for using an electromagnetic scratchcard to provide services</b>   |   |
| <b>Box No. II APPLICANT(S)</b>   |   |
| Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)<br><b>KONINKLIJKE KPN N.V.<br/>Stationsplein 7<br/>9726 AE Groningen<br/>The Netherlands</b>                  |   |
| Telephone No.<br><b>+31 70 4460678</b>   |   |
| Facsimile No.<br><b>+31 70 4460840</b>   |   |
| Teleprinter No.  |   |
| Applicant's registration No. with the Office   |   |
| State (that is, country) of nationality:<br><b>NL</b>  | State (that is, country) of residence:<br><b>NL</b>                   |
| Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)<br><b>MULLER Frank<br/>Hopstraat 59<br/>2611 TB DELFT<br/>The Netherlands</b>                                 |   |
| State (that is, country) of nationality:<br><b>NL</b>  | State (that is, country) of residence:<br><b>NL</b>                   |
| Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)<br><b>RUIJS Franciscus Lambertus Nicolaas<br/>Groenstraat 32<br/>5398 HG MAREN KESSEL<br/>The Netherlands</b> |   |
| State (that is, country) of nationality:<br><b>NL</b>  | State (that is, country) of residence:<br><b>NL</b>                   |
| <input type="checkbox"/> Further applicants are indicated on a continuation sheet.   |   |

**Box No. III AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE**The following person is ☒ agent ☐ common representativeand ☒ has been appointed earlier and represents the applicant(s) also for international preliminary examination.☐ is hereby appointed and any earlier appointment of (an) agent(s)/common representative is hereby revoked.☐ is hereby appointed, specifically for the procedure before the International Preliminary Examining Authority, in addition to the agent(s)/common representative appointed earlier.Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*WUYTS Koenraad Maria  
KONINKLIJKE KPN N.V.  
P.O. Box 95321  
2509 CH THE HAGUE  
The Netherlands

Telephone No.

+31 70 4460678

Facsimile No.

+31 70 4460840

Teleprinter No.

Agent's registration No. with the Office

☐ **Address for correspondence:** Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.**Box No. IV BASIS FOR INTERNATIONAL PRELIMINARY EXAMINATION****Statement concerning amendments:\***

1. The applicant wishes the international preliminary examination to start on the basis of:

☒ the international application as originally filedthe description ☒ as originally filed☐ as amended under Article 34the claims ☒ as originally filed☐ as amended under Article 19 (together with any accompanying statement)☐ as amended under Article 34the drawings ☒ as originally filed☐ as amended under Article 342. ☐ The applicant wishes any amendment to the claims under Article 19 to be considered as reversed.3. ☐ The applicant wishes the start of the international preliminary examination to be postponed until the expiration of the applicable time limit under Rule 69.1(d).4. ☐ The applicant expressly wishes the international preliminary examination to start earlier than at the expiration of the applicable time limit under Rule 54bis.1(a).

\* Where no check-box is marked, international preliminary examination will start on the basis of the international application as originally filed or, where a copy of amendments to the claims under Article 19 and/or amendments of the international application under Article 34 are received by the International Preliminary Examining Authority before it has begun to draw up a written opinion or the international preliminary examination report, as so amended.

**Language for the purposes of international preliminary examination:** English☒ which is the language in which the international application was filed.☐ which is the language of a translation furnished for the purposes of international search.☐ which is the language of publication of the international application.☐ which is the language of the translation (to be) furnished for the purposes of international preliminary examination.**Box No. V ELECTION OF STATES**

The filing of this demand constitutes the election of all Contracting States which are designated and are bound by Chapter II of the PCT.

**Box No. VI CHECK LIST**

The demand is accompanied by the following elements, in the language referred to in Box No. IV, for the purposes of international preliminary examination:

- |  |   |        |
|--|---|--------|
| 1. translation of international application                              | : | sheets |
| 2. amendments under Article 34   | : | sheets |
| 3. copy (or, where required, translation) of amendments under Article 19 | : | sheets |
| 4. copy (or, where required, translation) of statement under Article 19  | : | sheets |
| 5. letter  | : | sheets |
| 6. other ( <i>specify</i> )  | : | sheets |

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| received                 | not received             |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

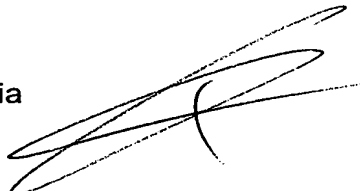
The demand is also accompanied by the item(s) marked below:

- |   |  |
|---|--|
| 1. <input checked="" type="checkbox"/> fee calculation sheet  | 5. <input type="checkbox"/> statement explaining lack of signature                         |
| 2. <input type="checkbox"/> original separate power of attorney                                     | 6. <input type="checkbox"/> sequence listing in computer readable form                     |
| 3. <input type="checkbox"/> original general power of attorney                                      | 7. <input type="checkbox"/> tables in computer readable form related to a sequence listing |
| 4. <input checked="" type="checkbox"/> copy of general power of attorney; reference number, if any: | 8. <input type="checkbox"/> other ( <i>specify</i> ):                                      |

**Box No. VII SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE**

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the demand).

WUYTS Koenraad Maria


**For International Preliminary Examining Authority use only**

1. Date of actual receipt of DEMAND:

2. Adjusted date of receipt of demand due to CORRECTIONS under Rule 60.1(b):

3. ☐ The date of receipt of the demand is AFTER the expiration of 19 months from the priority date and item 4 or 5, below, does not apply.  
☐ The applicant has been informed accordingly.
4. ☐ The date of receipt of the demand is WITHIN the time limit of 19 months from the priority date as extended by virtue of Rule 80.5.
5. ☐ Although the date of receipt of the demand is after the expiration of 19 months from the priority date, the delay in arrival is EXCUSED pursuant to Rule 82.

6. ☐ The date of receipt of the demand is AFTER the expiration of the time limit under Rule 54bis.1(a) and item 7 or 8, below, does not apply.
7. ☐ The date of receipt of the demand is WITHIN the time limit under Rule 54bis.1(a) as extended by virtue of Rule 80.5.
8. ☐ Although the date of receipt of the demand is after the expiration of the time limit under Rule 54bis.1(a), the delay in arrival is EXCUSED pursuant to Rule 82.

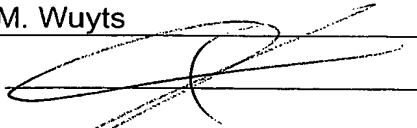
**For International Bureau use only**

Demand received from IPEA on:

## PCT

## FEE CALCULATION SHEET

## Annex to the Demand

|   |  |
|---|--|
| International application No. <b>PCT/EP2004/002002</b>  | For International Preliminary Examining Authority use only   |
| Applicant's or agent's file reference <b>402885WO</b>   | Date stamp of the IPEA   |
| Applicant<br><b>KONINKLIJKE KPN N.V.</b>  |  |
| <b>CALCULATION OF PRESCRIBED FEES</b>   |  |
| 1. Preliminary examination fee .....  | <div style="border: 1px solid black; padding: 2px; display: inline-block;">         EUR 1530,--       </div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 10px;">P</div>     |
| 2. Handling fee ( <i>Applicants from certain States are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee.</i> ) .....   | <div style="border: 1px solid black; padding: 2px; display: inline-block;">         EUR 129,--       </div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 10px;">H</div>      |
| 3. Total of prescribed fees<br>Add the amounts entered at P and H<br>and enter total in the TOTAL box .....   | <div style="border: 1px solid black; padding: 2px; display: inline-block;">         EUR 1659,--       </div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 10px;">TOTAL</div> |
| <b>MODE OF PAYMENT</b>  |  |
| <input checked="" type="checkbox"/> authorization to charge deposit account with the IPEA (see below)   | <input type="checkbox"/> cash  |
| <input type="checkbox"/> cheque   | <input type="checkbox"/> revenue stamps  |
| <input type="checkbox"/> postal money order   | <input type="checkbox"/> coupons   |
| <input type="checkbox"/> bank draft   | <input type="checkbox"/> other (specify):  |
| <b>AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT</b><br><i>(This mode of payment may not be available at all IPEAs)</i>   |  |
| <input checked="" type="checkbox"/> Authorization to charge the total fees indicated above.   | IPEA/ <u>EPO</u>   |
| <input checked="" type="checkbox"/> <i>(This check-box may be marked only if the conditions for deposit accounts of the IPEA so permit)</i> Authorization to charge any deficiency or credit any overpayment in the total fees indicated above. | Deposit Account No.: <u>2 809 0011</u>   |
|   | Date: <u>4 October 2004</u>  |
|   | Name: <u>K.M. Wuyts</u>  |
|   | Signature:   |

Kopie für den Bevollmächtigten  
To be returned to authorisee  
Copie destinée au mandataire

1 **ALLGEMEINE VOLLMACHT  
GENERAL AUTHORISATION  
POUVOIR GENERAL**

AV Nr. (bitte bei jeder Korrespondenz angeben)  
GA No. (please quote in all correspondence)  
PG n° (prérez de mentionner dans toute correspondance)

21396(rev)

2 Ich (Wir) / I (We) / Je (Nous)

Koninklijke KPN N.V.  
Stationsplein 7  
9726 AE GRONINGEN  
The Netherlands

3 bevollmächtigt(n) hiermit / do hereby authorise / autorise (autorisons) par la présente

the following employee of Koninklijke KPN N.V.

**WUYTS Koenraad Maria (Professional Representative)**

Mailing address: Koninklijke KPN N.V.  
Intellectual Property Group  
P.O. Box 95321  
2509 CH THE HAGUE  
The Netherlands

4 mich (uns) in den durch das Europäische Patentübereinkommen geschaffenen Verfahren in allen meinen (unseren) Patentangelegenheiten zu vertreten, alle Handlungen für mich (uns) vorzunehmen und Zahlungen für mich (uns) in Empfang zu nehmen.  
to represent me (us) in all proceedings established by the European Patent Convention and to act for me (us) in all patent transactions and to receive payments on my (our) behalf.

à me (nous) représenter pour ce qui concerne toutes mes (nos) affaires de brevet dans toute procédure instituée par la Convention sur le brevet européen et, à ce titre, à agir en mon (notre) nom et à recevoir des paiements pour mon (notre) compte.

☒ Die Vollmacht gilt auch für Verfahren nach dem Vertrag über die internationale Zusammenarbeit auf dem Gebiet des Patentrechts.  
This authorisation shall also apply to the same extent to any proceedings established by the Patent Cooperation Treaty.  
Ce pouvoir s'applique également à toute procédure instituée par le Traité de coopération en matière de brevets.

☐ Weitere Vertreter sind auf einem gesonderten Blatt angegeben. / Additional representatives indicated on supplementary sheet.  
Les autres mandataires sont mentionnés sur une feuille supplémentaire.

5 ☒ Untervollmacht kann erteilt werden. / Sub-authorisation may be given. / Le pouvoir pourra être délégué.

6 ☒ Bitte die gelbe Kopie, ergänzt um die Nr. der allgemeinen Vollmacht, an den Vollmachtgeber zurücksenden.  
Please return the yellow copy, supplemented by the General Authorisation No., to the authorisor.  
Prière de renvoyer la copie jaune au mandant, munie du n° du pouvoir général.

Ort/Place/Lieu The Hague

Datum/Date August 27, 2002

Unterschrift(en) / Signature(s)

  
**K. J. Wuyts (Head Intellectual Property Group)**

7 Das Formblatt muß vom (von den) Vollmachtgeber(n) (bei juristischen Personen vom Unterschriftsberechtigten) eigenhändig unterzeichnet sein. Nach der Unterschrift bitte den (die) Namen des (der) Unterzeichneten mit Schreibmaschine wiederholen (bei juristischen Personen die Stellung des Unterschriftsberechtigten innerhalb der Gesellschaft angeben).

The form must bear the personal signature(s) of the authorisor(s) (in the case of legal persons, that of the officer empowered to sign). After the signature, please type the name(s) of the signatory(ies) adding, in the case of legal persons, his (their) position within the company.